

675

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health	
				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Cochise</u> State <u>ARIZONA</u>			
Township <u>Portal Hilltop</u>		or Village <u>Hilltop</u>			
City <u>Portal Hilltop</u>		No. _____ St. _____ Ward _____			
Length of residence in city or town where death occurred <u>36</u> yrs. _____ mos. _____ ds.		How long in U. S. of foreign birth? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>Eva R Morrow</u>		How long in State when death occurred? <u>39</u> yrs. _____ mos. _____ ds.			
(a) Residence: No. <u>Hilltop, Arizona</u>		St. _____ Ward _____			
(Usual place of abode)		(If non-resident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>W K Morrow</u>					
6. DATE OF BIRTH (month, day, and year) <u>3-18-1877</u>					
7. AGE	Years <u>61</u>	Months <u>10</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
MOTHER	11. Total time (years) spent in this occupation _____				
	12. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>				
	13. NAME <u>Mark Corn</u>				
FATHER	14. BIRTHPLACE (city or town) (State or Country) <u>Illinois</u>				
	15. MAIDEN NAME <u>McNicholls</u>				
	16. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>				
17. INFORMANT (Address) <u>Ralph Morrow Hilltop, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Paradise, Ariz</u> Date <u>1-31-39</u> , 19____					
19. EMBALMER License No. <u>No embalming</u>					
FUNERAL DIRECTOR <u>Porter &amp; Ames &amp; Family</u>					
Address <u>Douglas, Arizona</u>					
20. Filed <u>Feb 2</u> , 19 <u>39</u> <u>Cardenas</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>1-30-39</u> , 19____					
22. I HEREBY CERTIFY, That I attended deceased from <u>January 30</u> , 19 <u>39</u> to <u>January 30</u> , 19 <u>39</u>					
I last saw <u>her</u> alive on _____, 19____; death is said to have occurred on the date stated above, at <u>8-00AM</u>					
The principal cause of death and related causes of importance were as follows: <u>Coronary thrombosis.</u>					
Other contributory causes of importance: <u>None</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: _____					
Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>Frank W. Gwinn</u> M. D.					
(Address) <u>Portal Arizona</u>					